Form 441
(Rev 04/12)

CERTIFICATE OF DIVORCE OR ANNULMENT
State of Delaware
DIVISION OF PUBLIC HEALTH
OFFICE OF VITAL STATISTICS

☐ **STATE FILE COPY** ☐ **HEALTH STATISTICS COPY** ☐ **FAMILY COURT COPY** **State File No.**

ATTY

Petitioner (check one) ☐ Husband ☐ Wife ☐ Both ☐ Other (*specify)*	**Name of Petitioner's Attorney**	**Attorneys Address** (number, street, town, State & Zip)

HUSBAND

1. **Husband's Name** (First – Middle – Last)			2. **SSN**
3a. **Residence** (Number and Street)		3b. **City**	3c. **County**
3d. **State**	3e. **Zip Code**	4. **Birthplace** (State or Foreign Country)	5. **Date of Birth** (mm/dd/yyyy)

6. **Race** (Check which race you consider yourself to be.) ☐ White ☐ Black or African American ☐ American Indian or Alaska Native (Name of principal tribe) _____ ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (specify) _____ ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (specify) _____ ☐ Other (specify)	6b. **Hispanic Origin** (Check box with Selection) ☐ No, not Spanish/Hispanic/Latina ☐ Yes, Mexican, Mexican American, Chicana ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, Other Spanish/Hispanic/Latina (specify) _____ 7. **Education** (check one) ☐ 8th grade or less ☐ 9th-12th grade, but no diploma ☐ High school graduate or GED completed ☐ Some college credit, but no degree ☐ Associate degree ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate or professional degree	8. **Number of this marriage** 1st, 2nd, etc. (specify below) 9. **If previously married: Date of your last previous marriage** (Month, Day, Year) 9b. **Preceding marriage ended by** (check one) ☐ Death ☐ Divorce ☐ Annulment 9c. **Date preceding marriage ended** (Month, Day, Year)

WIFE

10. **Wife's Name** (First – Middle – Last)	11. **Wife's Last Name Prior to First Marriage**	12. **SSN**
13a. **Residence** (Number and Street)	13b. **City**	13c. **County**
13d. **State** / 13e. **Zip Code**	14. **Birthplace** (State or Foreign Country)	15. **Date of Birth** (mm/dd/yyyy)

16. **Race** (Check which race you consider yourself to be.) ☐ White ☐ Black or African American ☐ American Indian or Alaska Native (Name of principal tribe) _____ ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (specify) _____ ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (specify) _____ ☐ Other (specify)	16b. **Hispanic Origin** (Check box with Selection) ☐ No, not Spanish/Hispanic/Latina ☐ Yes, Mexican, Mexican American, Chicana ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, Other Spanish/Hispanic/Latina (specify) _____ 17. **Education** (check one) ☐ 8th grade or less ☐ 9th-12th grade, but no diploma ☐ High school graduate or GED completed ☐ Some college credit, but no degree ☐ Associate degree ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate or professional degree	18. **Number of this marriage** 1st, 2nd, etc. (specify below) 19. **If previously married: Date of your last previous marriage** (Month, Day, Year) 19b. **Preceding marriage ended by** (check one) ☐ Death ☐ Divorce ☐ Annulment 19c. **Date preceding marriage ended** (Month, Day, Year)

MARRIAGE

20. **Date of this marriage** (Month, Day, Year)	21a. **Place where this marriage took place** (city, Town or Location)	21b. **County**	21c. **State or Foreign Country**
22. **Date couple last resided in same household**	23. **Number of children under 18 in this household as of date in item 22**	23b. **Number of children whose physical custody was awarded to:** Husband __ Wife __ Joint (Husband/Wife) __ Other _____ ☐ No Children **CONTESTED?** ☐ No ☐ Yes	

********** **FOR OFFICIAL USE ONLY** **********

DECREE

24. **I certify that the marriage of the named persons was dissolved on** (MM/DD/YYYY)	25. **Type of Decree** (check one) ☐ Divorce ☐ Annulment	26. **County of Decree** (check one) ☐ New Castle ☐ Kent ☐ Sussex	27. **Date Recorded** (MM/DD/YYYY)
28. **Title of Court**	29. **Signature of Certifying Official**	30. **Title of Certifying Official** **CLERK OF COURT**	31. **Date Signed (**MM/DD/YYYY)

ATTORNEY – Complete items 1-23b when filing petition and leave with Clerk of the Court
CLERK OF COURT – After final decree, complete items 24-31 and forward to: Office of Vital Statistics, 417 Federal Street, Dover, DE 19901